

**PLEASE RETURN APPLICATIONS TO:**

Indiana Department of Workforce Development  
 Attn: Brett Wineinger  
 10 N. Senate Ave.  
 Indianapolis IN 46204-2277

**INDIANA  
 WORKFORCE  
 DEVELOPMENT**



## INCUMBENT WORKER TRAINING GRANT APPLICATION

### I. BACKGROUND INFORMATION

Applicant Name		FEIN Number -		Developmental Specialist	
Site Street Address					
City		County		State	Zip
Type of Business or Industry			Union/Local/Contact Person/ Phone Number (If applicable)		
Parent Company Name(s)				SIC Code	
Parent Company Address(es)					
City		State/Country		Zip	Phone #
Primary Company Contact(s)				Title	
Phone Number		FAX Number		E-Mail Address	

### II. PROJECT OUTCOMES

Total number of people to be trained: _____	Total number of Credentials issued: _____
<b>Credential Type</b>	<b>Projected Number of Credentials</b>
Apprenticeship	_____
Associate Degree/Other College Degree	_____
Certificate of Technical Achievement (CTA)	_____
Journey Level Upgrade	_____
Other Customized Certification	_____
(Specify:) _____	

### III. EMPLOYMENT AND WAGES

Current total level of employment for site(s) _____	Level of employment one year ago _____
Average hourly wages of employees (without fringe benefits)	
Professional/Managerial	\$ _____
Skilled Trades	\$ _____
Semi-skilled/Production/Administrative	\$ _____
Total annual payroll for business location	\$ _____

### IV. PROJECT DESCRIPTION

Please attach a project description which includes the following:

- ♦ A brief description about the company and product or services performed.
- ♦ The reasons the training is needed and how the project will be implemented.
- ♦ A brief description of how the training will benefit the company including business outcomes anticipated from this grant, how they will be measured, and how the credentials selected improve the productivity, competitiveness and/or quality of products and services. (Planned credentials must be quantified.)
- ♦ A brief description of how the training will benefit the employees including career paths for employees who successfully complete the training and plans and practices that foster lifelong learning among workers.
- ♦ Current investment in training of incumbent workers.
- ♦ Approximate start and end date of training.

## V. Budget Detail

Please complete the budget summary and the attached training budget detail form. Also provide a budget narrative that explains how the costs were determined. *Please note the budget should only include information for the project for which the funding is being requested.*

### PROJECT BUDGET SUMMARY

	Match Funds	Training Funds Requested	Internal Use Only Amount Awarded
<b>1. Personnel</b>			
A. Salaries & Wages	\$ _____	\$ _____	\$ _____
B. Fringe Benefits	_____	_____	_____
C. Consultant/Contract Services	_____	_____	_____
D. Tuition	_____	_____	_____
<b>Sub Total</b>	_____	_____	_____
<b>2. Non-Personnel</b>			
A. Rental, lease or purchases of equipment	\$ _____	\$ _____	\$ _____
B. Supplies for training	_____	_____	_____
C. Travel	_____	_____	_____
D. Books/Lab Fees	_____	_____	_____
E. Other	_____	_____	_____
<b>Sub Total</b>	_____	_____	_____
<b>Total</b>	_____	_____	_____
<b>3. Current company annual training budget</b>	\$ _____		
<b>4. Other training funds received</b>			
Source _____	Date Received _____	Amt of Awd \$ _____	
Source _____	Date Received _____	Amt of Awd \$ _____	

All grantees must submit quarterly program reports that describe progress toward meeting the desired outcomes. Additional information required will include: the total number of trainees enrolled; name, date of birth, gender, social security number, address, education of each enrolled trainee, date of hire, entry and exit wage; outcomes; credentials achieved; and retention of enrollees during the grant period.

## VI. Evaluation

Please indicate participation in a customer-service evaluation.

☐ Yes ☐ No

## VII. Return on Investment Study

Please indicate participation in a return on investment study.

☐ Yes ☐ No

### NOTE OF CONFIDENTIALITY OF INFORMATION

To the extent feasible and permissible by law, the Indiana Department of Workforce Development (DWD) will honor an applicant's request that confidential information submitted to DWD will remain confidential. DWD will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit DWD's right to disclose the details and results of the economic development project to the public.

### MANAGEMENT CERTIFICATION

I hereby certify that I have read the foregoing project file and that the information contained herein is true and accurate to the best of my knowledge and belief. Furthermore, to the best of my knowledge and belief, our company and/or organization does not have any outstanding liabilities with the State of Indiana, including but not limited to the Departments of Environmental Management, Revenue, Health, Natural Resources, and Workforce Development.

### APPLICANT AUTHORIZATION

Name: \_\_\_\_\_ Title (CEO or highest ranking applicant official) \_\_\_\_\_ Date \_\_\_\_\_

Internal use only:

Incumbent Worker Training Board:

(Status) \_\_\_\_\_ (Date) \_\_\_\_\_

<input type="checkbox"/> Industrial (STA criteria)	<input type="checkbox"/> Disadvantaged Worker/Counseling
<input type="checkbox"/> Building Trades	<input type="checkbox"/> DWD Technology
<input type="checkbox"/> Other Industrial Training	<input type="checkbox"/> Other Incumbent Worker Training

UI Board:

(Status) \_\_\_\_\_ (Date) \_\_\_\_\_

Development Specialist: \_\_\_\_\_ Applicant: \_\_\_\_\_

## *Incumbent Worker Training Grant*

### Training Budget Detail

Type of Training: _____		<b>INDIANA</b>
Training Start & End Date: <u>Start Date</u> _____ <u>End Date</u> _____		<b>WORKFORCE</b>
Training Provider and Address: _____		<b>DEVELOPMENT</b>
2nd Training Provider and Address: _____		
Credential Resulting from Training: _____		
Credential Provider: _____		



#### Training Costs\*

CATEGORY	DESCRIPTION OF ITEMS OR SERVICE INCURRING COST	Funding Source	COST PER STUDENT	NUMBER OF STUDENTS	TOTAL COST
Salaries and wages of students while in training					
Fringe benefits of students while in training					
Supplies for training					
Books/lab fees for training					
Consultant services and contract services					
Tuition					
Equipment					
Travel					
Other _____ <i>Describe</i>					

\* If necessary please use extra sheets.

<b>Grant's Average Cost per Student.</b>		<b>Grand Total's Average Cost per Student</b>		<b>Grand Total</b>	<b>\$0.00</b>
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